

1.) CORPORATION NAME:

PROFESSIONAL TELECONCEPTS, INC.

DUE DATE: **8/31/2011**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

AUTH IN VI

CORPORATION SERVICE COMPANY

Bank of America Center, 16th Floor

1111 East Main Street

RICHMOND, VA 23219

SCC ID NO: **F1638883**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

IL

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 5132 STATE HWY 12 SOUTH

CITY/ST/ZIP: NORWICH, NY 13815-

7.) DIRECTORS AND PRINCIPAL OFFICERS:

All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

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OFFICER

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DIRECTOR

NAME: ERIC P BURRELL
TITLE: PRESIDENT
ADDRESS: RTE 12 S
PO BOX 303
CITY/ST/ZIP/CO: NORWICH, NY 13815-

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OFFICER

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DIRECTOR

NAME: TANA L POOL
TITLE: ASST. SEC/VP
ADDRESS: 2800 POST OAK BLVD
STE 2600
CITY/ST/ZIP/CO: HOUSTON, TX 77056-

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OFFICER

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DIRECTOR

NAME: TARA J. FOX-WILLIS
TITLE: SEC/VP
ADDRESS: RTE 12 S
PO BOX 303
CITY/ST/ZIP/CO: NORWICH, NY 13815-

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OFFICER

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DIRECTOR

NAME: CAROLYN M CAMPBELL
TITLE: ASST. SEC/VP
ADDRESS: 2800 POST OAK BLVD
STE 2600
CITY/ST/ZIP/CO: HOUSTON, TX 77056-3023

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	NICHOLAS M GRINDSTAFF TREASURER 2800 POST OAK BLVD STE 2600 HOUSTON, TX 77056-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JAMES H HADDOX DIRECTOR 2800 POST OAK BLVD STE 2600 HOUSTON, TX 77056-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DERRICK A. JENSEN DIRECTOR 2800 POST OAK BLVD STE 2600 HOUSTON, TX 77056-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	STEPHEN T. MARSHALL EXEC. VP ROUTE 12 SOUTH PO BOX 303 NORWICH, NY 13815-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KERT STEWARD VICE PRESIDENT ROUTE 12 SOUTH PO BOX 303 NORWICH, NY 13815-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TOM HEALD VICE PRESIDENT ROUTE 12 SOUTH PO BOX 303 NORWICH, NY 13815-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOSEPH BLIDY VICE PRESIDENT ROUTE 12 SOUTH PO BOX 303 NORWICH, NY 13815-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ CAROLYN M CAMPBELL SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT		CAROLYN M CAMPBELL, ASST. SEC/VP PRINTED NAME AND CORPORATE TITLE	
		7/29/2011 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			